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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0062

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration
Submitted
with Initial
Filing

OR

☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	1115/005
First Named Inventor	KUZYK, Michael A.
COMPLETE IF KNOWN	
Application Number	09 / 677,374
Filing Date	15 September 2000
Group Art Unit	1642
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

VACCINES AND AGENTS FOR INDUCING IMMUNITY TO FISH AGAINST RICKETTSIAL DISEASES,
AND ASSOCIATED PREVENTATIVE THERAPY

(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 09/13/2000

as United States Application Number or PCT International

(if applicable).

Application Number 09/677,374

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
2,281,913	CA	09/17/1999	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/154,437	17 September 1999	

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FREE OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/01 (10-00)
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

☐ Customer Number
or Bar Code Label

OR ☒ Correspondence address below

Name Ipsolon LLP

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Address

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OR
State

ZIP 97205

Country US

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the files so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name Michael A.
(first and middle (if any))

Family Name Kuzyk
or Surname

Inventor's
Signature

June 7, 2001
Date

Residence: City Victoria

State BC

Country CA

Citizenship CA

Mailing Address

1255 Basil Avenue

Mailing Address

City Victoria

State BC

ZIP V8R 4M4 V8T 2G1

Country CA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name Jan
(first and middle (if any))

Family Name Burian
or Surname

Inventor's
Signature

June 7, 2001
Date

Residence: City Victoria

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Citizenship CA

Mailing Address #80 - 1732 Newton Street

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City Victoria

State BC

ZIP V8R 2R2

Country CA

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/02A (11-00)

Approved for use through 10/31/2002, OMB 0851-0032

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
William W.		Kay	
Inventor's Signature <i>William Kay</i>		Date 07/06/01	
Residence: City Victoria	State BC	Country CA	Citizenship CA
Mailing Address 3620 Cadboro Bay Road			
Mailing Address			
City Victoria	State BC	ZIP V8R 5K8	Country CA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Julian C.		Thornton	
Inventor's Signature <i>Julian Thornton</i>		Date 07-JUN-01	
Residence: City Victoria	State BC	Country CA	Citizenship CA
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Mailing Address			
City Victoria	State BC	ZIP V8V 2X6	Country CA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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